

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

08791 7590 04/24/2006

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Christopher P. Marshall	(Depositor's name)
<i>Christopher P. Marshall</i>	(Signature)
7/7/2006	
(Date)	

07/12/2006 FFANAEI1 00000059 10650364

01 FC:1501	1400.00 OP
02 FC:1504	300.00 OP
03 FC:1501	30.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/650.364	08/27/2003	Harshvardhan Sharangpani	81862F289	7317
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TITLE OF INVENTION: METHOD AND APPARATUS FOR EFFICIENT IMPLEMENTATION AND EVALUATION OF STATE MACHINES AND PROGRAMMABLE FINITE STATE AUTOMATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/24/2006
EXAMINER	ART UNIT		CLASS-SUBCLASS		
CHANG, DANIEL D	2819		326-046000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cisco Systems, Inc.

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies ten (10)

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name

Lester J. Vincent

Date

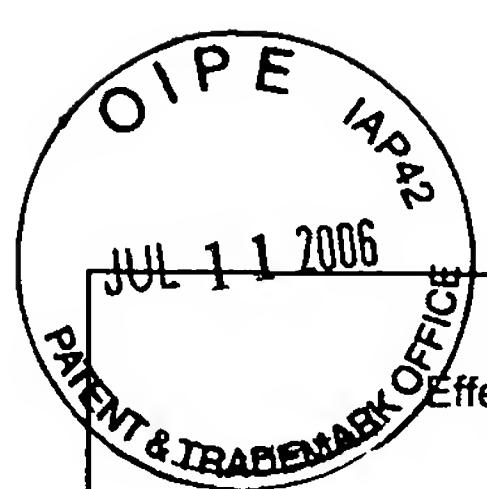
July 7, 2006

Registration No.

31,460

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL FOR FY 2006**

Effective on 10/01/2005. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1,730.00

Complete if Known:

Application No. 10/650,364
Filing Date August 27, 2003
First Named Inventor Harshvardhan Sharangpani
Examiner Name Chang, Daniel D.
Art Unit 2819
Attorney Docket No. 81862P289

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify)

Deposit AccountDeposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

- Charge fee(s) indicated below.
 Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.
 Charge fee(s) indicated below except for the filing fee
 Credit any overpayments.
 Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Large Entity</u>		<u>Small Entity</u>			
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)	<u>Fee Description</u>	<u>Fees Paid (\$)</u>
1011	300	2011	150	Utility application filing fee	
1111	500	2111	250	Utility search fee	
1311	200	2311	100	Utility examination fee	1,000/500
1012	200	2012	100	Design application filing fee	
1112	100	2112	50	Design search fee	
1312	130	2312	65	Design examination fee	430/215
1013	200	2013	100	Plant filing fee	
1113	300	2113	150	Plant search fee	
1313	160	2313	80	Plant examination fee	660/330
1004	300	2004	150	Reissue filing fee	
1114	500	2114	250	Reissue search fee	
1314	600	2314	300	Reissue examination fee	1,400/700
1005	200	2005	100	Provisional application filing fee	

SUBTOTAL (1) \$ 0.00

2. EXCESS CLAIM FEES

<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fees Paid (\$)</u>
Total Claims _____ - 20 or HP = _____	X _____ = _____	
HP = highest number of total claims paid for, if greater than 20		
Independent Claims _____ - 3 or HP = _____	X _____ = _____	
HP = highest number of independent claims paid for, if greater than 3		
Multiple Dependent Claims	_____ = _____	
Large Entity	Small Entity	
Fee Fee	Fee Fee	
Code (\$)	Code (\$)	<u>Fee Description</u>
1202 50	2202 25	Each claim over 20
1201 200	2201 100	Each independent claim over 3
1203 360	2203 180	Multiple dependent claims, if not paid
1204 200	2204 100	Reissue: each claim over 20 and more than in the original patent
1205 50	2205 25	Reissue: each independent claim more than in the original patent
SUBTOTAL (2) \$ <u>0.00</u>		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each add'l 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____	- 100 = _____ / 50 = _____ (round up to whole number)	X _____		

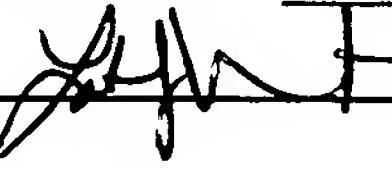
<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description:</u>
Fee	Fee	Fee Description: Application size fee for each additional group of 50 sheets
Code	Code	beyond initial 100 sheets (count spec & drawings except sequences & program listings):
1081 250	2081 125	Utility
1082 250	2082 125	Design
1083 250	2083 125	Plant
1084 250	2084 125	Reissue

SUBTOTAL (3) \$ 0.00

FEE CALCULATION (continued)**4. OTHER FEE(S)**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fees Paid (\$)</u>
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1462	400	1462	400
1463	200	1463	200
1464	130	1464	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1814	130	2814	65
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,370	1454	1,370
Other fee (specify) <u>Printed Copy of patent w/o color (10 copies)</u>			<u>30.00</u>
Other fee (specify) _____			
SUBTOTAL (4) \$ 1,730.00			

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Lester J. VincentSignature: Date: July 7, 2006Reg. Number: 31,460Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450